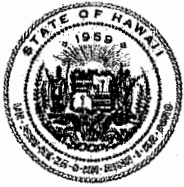


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HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Hirayama	Fred	K.	521-7233
MAILING ADDRESS (Street)			FAX
390-A HALELOA PLACE			395-5959
(City)	(State)	(Zip Code)	
Hon	HI	96821	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HAWAII INSURER'S COUNCIL			521-7233
MAILING ADDRESS (Street)			FAX
1001 Bishop St			538-0055
(City)	(State)	(Zip Code)	
Hon	HI	96813	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Insurers Council	521-7233	
MAILING ADDRESS (Street)	FAX	
1001 Bishop St., Ponahiki Suite 2010	538-0055	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Fred Hirayama	521-7233	
MAILING ADDRESS (Street)	FAX	
390-A Haleloa Pl.	395-5959	
(City)	(State)	(Zip Code)
Honolulu	HI	96821

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Fred A. Hightower*  
(Signature of Lobbyist)

12-10-04  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Alison Powers

Executive Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Insurers Council

521-7233

MAILING ADDRESS (Street)

FAX

Panahi Tower, Suite 2010  
1001 Bishop St.

538-0055

(City)

(State)

(Zip Code)

Honolulu

HI

96813-3695

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

*Alison Powers*

12-15-04

(Signature of Authorizing Officer or Person Represented)

(Date)